2010 PIT-X NEW MEXICO PERSONAL INCOME TAX AMENDED RETURN for tax year January 1 - December 31, 2010 or fiscal year beginning _ Attach schedules even if they did not change from the previously filed return. Check this box if address is new or changed. 1. SOCIAL SECURITY NUMBER Check if taxpayer or spouse named on the return is deceased. Enter date of death. Residency status: complete for each taxpayer. Enter Print your name (first, middle, last) "R" if RESIDENT: "N" if NON-RESIDENT; Print your spouse's name (first, middle, last) If married, you must include spouse "F" if FIRST-YEAR RES.; "P" if PART-YEAR RES. Mailing Address st be made payable to a person other than the taxpayer or spouse named on the return, enter the name and SSN of that person. You must also attach Form RPD-41083 City, State and ZIP Code 5. FILING STATUS - Check only one box below. **EXEMPTIONS - Number of Qualified Exemptions.** (1) Single If you are a dependent of another taxpayer, enter 00. (2) Married filing jointly (3) Married filing separately (Enter spouse's social security number above) $\label{thm:continuous} Head of household \mbox{ (Enter name of person qualifying you as head of household if that person is not counted as a qualified exemption on your federal return.)}$ EXTENSION OF TIME TO FILE - Mark the box if you have a federal or state extension, and enter (5) Qualifying widow(er) with dependent child extension date. 6. DEPENDENTS: As listed on your federal return (Report additional dependents on Schedule PIT-S First name Dependent's SSN Dependent's date of birth Last name Check this box if federal Form(s) 8886. Reportable Transaction Disclosure Statement, is required to be attached. AS PREVIOUSLY FILED **AS AMENDED** FEDERAL ADJUSTED GROSS INCOME 7 (From line 38 of federal Form 1040, line 22 of Form 1040A or line 4 of Form 1040EZ) If you itemized your federal deduction amount, enter the amount of state and local income or 8 general sales tax deduction claimed on line 5, federal Form 1040, Schedule A...... Additions to federal income (From line 5 of PIT-ADJ; attach PIT-ADJ) 9 10. Federal standard or itemized deduction amount (From line 40 of federal Form 1040, line 24 of Form 1040A or line 5 of Form 1040EZ)..... 10 10a. Check the box if you itemized. You must also complete line 8 if applicable........ 10b. Check if your standard deduction includes a federal net disaster loss or a new motor vehicle state or local sales or excise tax paid deduction claimed on federal Schedule L, Form 1040..... 11. Federal exemption amount (From line 42 of federal Form 1040, line 26 of Form 1040A, or leave blank if you filed Form 1040EZ) 11 12. New Mexico low- and middle-income tax exemption (See PIT-1 instructions) 12 13. Deductions/Exemptions from federal income (Line 20 of PIT-ADJ; attach PIT-ADJ) 13 Medical care expense deduction (See PIT-1 instructions)..... 14 (You must complete both lines 14 and 14a or the deduction will be denied.) 14a. Unreimbursed and uncompensated medical care expenses... 15. NEW MEXICO TAXABLE INCOME (Add lines 7, 8 and 9, then subtract lines 10, 11, 12, 13 and 14) 15 (cannot be less than zero)..... 16. Tax on amount on line 15..... 16 16a. If from the Rate Table, enter "R", If from line 15 of PIT-B, enter "B"..... Additional amount for tax on lump-sum distributions (See PIT-1 instructions)...... 17 18. Credit for taxes paid to another state. You must have been a New Mexico resident during all or part of the year. (See PIT-1 instructions. Include a copy of other state's return.) 18 19. Non-refundable credits from Schedule PIT-CR (Line 18 of PIT-CR; attach PIT-CR)..... 19 20. NET NEW MEXICO INCOME TAX (Add lines 16 and 17 then subtract lines 18 and 19) 20 (Cannot be less than zero.)

Continue on the next page.

2010 PIT-X (page 2) NEW MEXICO PERSONAL INCOME TAX AMENDED RETURN

YOUR SOCIAL SECURITY NUMBER

I						

	AIL THIS RETURN TO: w Mexico Taxation and Revenue Department		Reaso	n for amend	ling:					
P . (O. Box 25122									_
	nta Fe, New Mexico 87504-5122	ining forms and								_
	not submit a photocopy of this form to the Department. Submit only or iin a copy for your records. Amended returns may be electronicially filed				۸۵	PREVIOUSLY F	III ED	۸۵	AMENDED	
21.	The amount on line 20 from page 1			21	FREVIOUSEIT			ANILINDED	_	
22.	Total claimed on rebate and credit schedule (Line 27	RC)		22					_	
23.	Working families tax credit (You must complete both lines 23 a	e denied.)	23		-+			_	
	23a. The amount of Federal Earned Income Credit reported on your 2010 federal income tax return									
24.	New Mexico income tax withheld (Attach W-2, 1099			24						
	New Mexico income tax withheld from oil and gas pro	,		,	25		_			_
26.	2010 estimated income tax payments (See PIT-1 inst			26		-+			_	
27.	Other payments less any refunds from schedule below	N			27		-			_
28.	TOTAL PAYMENTS AND CREDITS (Add lines 22 thr	ough 27)			28					_
29.	TAX DUE (If line 21 is greater than line 28, enter the	difference here.)			29					_
30.	Penalty on underpayment of estimated tax (Leave bla				\vdash		-+			_
0.4	computed for you.)				30					_
31.	Special method allowed for calculation of underpaymenter 1, 2, 3, 4 or 5 in the box if you owe penalty on u and you qualify. (Attach RPD-41272)	ζ	31							
32.	Penalty (See PIT-1 instructions. Leave blank if you wa	ant penalty computed for	or you.)	32					
33.	Interest (See PIT-1 instructions. Leave blank if you wa	ant interest computed for	or you.)	33					_
34.	TAX, PENALTY AND INTEREST DUE (Add lines 29,			34					_	
35.	OVERPAYMENT (If line 21 is less than line 28, ente	r the difference here.).			35		$\overline{}$			
	Refund donations (Line 11 of PIT-D; attach PIT-D)	,			36					_
37.	•				37					_
38.	AMOUNT TO BE REFUNDED TO YOU (Line 35 min	nus lines 36 and 37)			38					_
!!	REFUND EXPRESS !! HAVE IT DIRECTLY DEPOSIT	ED! SEE INSTRUCTIONS AN	D FILL II	N 1, 2, 3 AND 4.		4. REQUIRED:				
	Routing number:	3. Type: Checkir		Savings			STATES? If		ATED OUTSIDE may not use this refu	
2.	Account number:	Enter "X"	15	Enter "X"		YES T	NO NO		ou must answer	
	eclare I have examined this return, including accomp	anving echodulos and	1 5	'''	_			tn	nis question.	_
	tements, and to the best of my knowledge and belie			Paid preparer's use only:						
	mplete.	,		gnature of p	preparer				Date	
Υοι	ur signature	Date		irm's name	(or yo	r yours if self-employed)				
						NM CRS identification number				
Sp	ouse's signature	- 1	Preparer's SSN or PTIN							
(If	filing jointly, BOTH must sign even if only one had incor	- 1	EIN							
Tax	xpayer's phone number	Pi	Preparer's phone number						_	
Taxpayer's E-mail address					Check this box if Form RPD-41338 is on file for this taxpaye (See PIT-1 instructions.)					
I	Complete this schedule and report the result on incomplete this schedule and report the result of the complete.	on Form PIT-X, page	⊋ 2,		D	ate		Am	ount	_
_	List and town and 2010 payments and a miles	anaka finana khi a asslamit	!am - f				+			-
	. List any tax year 2010 payments made prior to or sepnis amended return. Also, enter the date of the payment.						+			_
	r carryforward payments reported on line 26, Form Pl					 			-	
th	nan four payments, attach a schedule.		1a Sum of payments						-	
2	List any refunds received from a previously filed 2010								-	
income tax return. Do not include any interest the New Mexico Taxation and							\vdash			_
	levenue Department paid, if any, on your refund.			2a Sum	of re	funds	<u> </u>			_
	. Subtract the sum of refunds reported on line 2a from tenter here and on line 27, Form PIT-X, page 2. (May be		ported	on line 1a.						